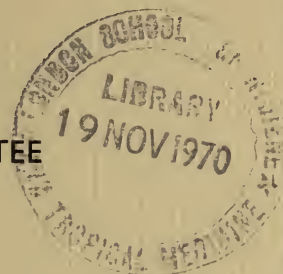


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Caernarvonshire County
Council

EDUCATION COMMITTEE



ANNUAL
REPORT

OF THE

Principal School
Medical Officer

for the year 1963

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CAERNARVONSHIRE COUNTY COUNCIL

TO THE CHAIRMAN AND MEMBERS OF THE SCHOOL SERVICES AND WELFARE
COMMITTEE

LADIES AND GENTLEMEN,

One of the many satisfactions which I have been privileged to experience since I became your Principal School Medical Officer in June 1932 is to record almost every year the maintenance of, and sometimes a definite improvement in, the general health standards of our school children. The year 1963 is no exception to this satisfactory and rewarding trend. When time permits, it is my intention to make a comprehensive survey of the achievements of the School Health Service in Caernarvonshire since its inception in 1908. And in the same document it will be my duty to analyse in some detail what I believe still requires to be done to improve and extend the service. It is not always remembered and recognised that as "education is for life," so also is the Maternity and Child Welfare Service and the School Health Service "for life." Both services are a means, among others, of laying the true and firm foundations of a healthy life throughout progress from childhood to manhood.

We are all "creatures of habit." I believe that good habits are acquired by example and teaching in the very early years of life. Good habits, almost always, remain ingrained and practised throughout a person's normal span of life. This applies in full force to habits of health and hygiene. Bad habits are acquired and fostered usually later in life! It is easier to acquire a good habit early in life than to conquer a bad habit developed later in life.

It has been a perennial disappointment to realise that your desires as a Committee aided, I hope, by my advice, to extend Health Education in schools by appointing the full quota of Health Visitors/School Nurses each year, have been retarded and delayed because the requisite financial provision was not made by the County Council.

When the ten-year Health Plan was adopted in 1962, it was originally the intention of the Council that by the end of March 1965 certain additional essential health staff should be provided. In this table I show the number of staff for whose appointment financial provision has been made for the year ending March 1965, and the numbers which were considered in 1962 as essential to provide and extend the Health Service for the children and adults of this county.

	<i>Provision recommended in 1962 for the year 1964/65</i>	<i>Actual provision allowed for the year 1964/65</i>
Assistant Medical Officers ...	5	4
Dental Officers	8	5
Dental Attendants	8	5
Health Visitors	34	29

This is a composite table for staff required for all ages because man, like peace, is indivisible. A child is the biological product of his two parents, and the physical health of a child when he is born is dependent almost

entirely on the health of the mother and the care and attention she receives while her child is forming from the very first day inside her womb. It is therefore neither profitable nor indeed strictly practicable to assess accurately the allocation of time and cost of School Health Service staff who also invariably in this county devote their time in one way or another to the child before its actual birth until it reaches full manhood.

I introduce my report in this fashion to emphasise these fundamental principles.

Let me now give a brief introduction to the stewardship of the School Health Service, details of which will be found in the body of the Report.

General Health

Nearly 10,000 health examinations of school children were made by your School Medical Officers during the year—the health of only one child was regarded by them as unsatisfactory. This record is in very sharp contrast with that I observed in my first Report in 1932 when I stated :

“ There is one matter in particular that I would bring to the notice of the Committee. Several children in the schools of the county show evidence of malnutrition (a total of nearly 1,500) ; they are frequently absent from school due to minor illness and are not able to assimilate properly the education provided for them.”

Poliomyelitis

Approximately 100,000 (one hundred thousand) doses of Polio protection fluid have been given to children below and of school age since the service for protection was introduced in May 1956. Not one Caernarvonshire child of any age has been recorded as suffering from this disease since 1958. If a very high proportion—not less than 80 per cent—of children and young adults are given adequate protection, it is more than probable that epidemics of this disease with its suffering and crippling and frequent tragic deaths in childhood and early adult life can be eliminated. To parody the title of the deservedly popular B.B.C. series, “ Your life in their hands,” we can say to parents about their children, “ Their lives in your hands ” ! Protection against Poliomyelitis, Diphtheria, Whooping Cough and Tetanus is so safe, easy and effective that I continually wonder why a small proportion of parents—about 20 per cent—willingly deprive their children of these benefits of modern public health.

Diphtheria

It is encouraging to reflect on the fact that only two cases of diphtheria were notified among children in the last fifteen years, and these had not been immunised, i.e. their parents had refused offers of protection. For the last twelve years, not one case of the disease has been notified, even among those not immunised.

It is again a pleasure therefore to report that for the eighteenth year in succession, not one child who has been completely immunised has been found to suffer from diphtheria.

Dental Service

There is no reduction in the number of teeth found diseased among our schoolchildren. No reduction is to be expected until :

- (a) Parents avoid faulty habits in their children, e.g. excessive eating of carbohydrates such as cakes, biscuits, sugar.
- (b) Parents by example and precept teach their children to brush their teeth regularly and especially before retiring at night.
- (c) Parents insist on regular dental attention for their children.
- (d) Parents and those whom they elect as their local authority representatives become convinced of the efficacy of adjusting the natural fluoride content of water in the reduction of dental diseases. Adjusting the fluoride content of drinking water by carefully controlled addition of a fluoride salt is a safe and simple procedure which has been proved to reduce dental disease in children if taken from conception by as much as 60 per cent.

So many fallacious, misleading and definitely untrue statements are issued continuously by persons and organisations in this country and throughout the world, whose sole result is the production of a calculated confusion in the minds of some of those in whose power—Local Councillors—lies the decision to postpone its introduction in any particular area. Any postponement deprives children now alive and others yet unborn of a proved relief from dental disease, from pain, and from general ill-health.

As many Water Authorities in the county have postponed making a decision or have already decided without coolly and carefully examining the evidence and heeding the advice tendered to them, thus depriving children of this benefit, I must give again the salient points about fluoridation :

1. Fluoride salts occur in nature and have, since the dawn of time, been, and are now present, naturally in drinking water. This water is consumed by several million people in the world.
2. The salts are present in much higher concentration (in some instances in this country six times higher, and elsewhere up to fourteen times higher) than the recommended concentration for drinking water to which the salts should be added to bring the level up to one part per million of fluoride in the water.
3. No ill-effect or disease has ever been observed, after careful and continuous observation, in such populations in this country nor in any other country throughout the world.
4. In all areas without exception where fluoride salts are present either naturally in concentrations of one or more parts per million or by addition to a concentration of one part per million, the teeth of the children and young adults have less disease by at least 60 per cent than in areas where fluoride salts are deficient in the drinking water.
5. Water in which the content of the fluoride salts is adjusted is now and has been for up to sixteen years in some parts of Canada, the U.S.A., New Zealand and other countries, drunk by several million people. No ill effects have been observed after the most searching tests and careful comparisons.

6. After sifting all the evidence in a most careful and prolonged manner, these organisations and many others recommend the adjustment of the fluoride content of drinking water :
 - General Dental Council ;
 - British Dental Association ;
 - British Medical Association ;
 - Society of Medical Officers of Health ;
 - County Councils Association ;
 - Association of Municipal Corporations ;
 - Royal Society of Health ;
 - World Health Organisation.
7. After listening for 65 days to experts in Medicine, Dentistry, Pathology and other specialities who were searchingly cross-examined by both sets of barristers in the High Court of Dublin, Mr. Justice Kenny, in his judgment delivered in July 1963, said :
 - “ 1. Drinking water containing about 1 p.p.m. fluoride has a marked caries-preventive action. Maximum benefits are conferred if such water is consumed throughout life.
 2. There is no evidence that the water containing this concentration of fluoride impairs the general health.
 3. Controlled fluoridation of drinking water is a practicable and effective public health measure.”
8. There is a mass of scientific evidence from most parts of the world to support the efficacy and safety of this measure for the prevention of dental disease. I quote this extract from Report No. 105 published in 1962 by the Ministry of Health :

“ After detailing the more important evidence, the World Health Organisation’s Expert Committee concludes: ‘All these findings fit together in a consonant whole that constitutes a great guarantee of safety—a body of evidence without precedent in public health procedures.’ ”
9. Having carefully studied and discussed all the relevant literature on Fluoridation, I again advise all parents to demand this health measure for their children.

If anyone doubts the need for preventing dental disease in this county, I would invite their attention to the Principal School Dental Officer’s Report. During 1963 our Dental Officers inspected 7,429 children. Only 331 of these children had naturally sound teeth, i.e. teeth in which there was no evidence of disease. In other words, the teeth of 95.6 per cent of children inspected were diseased, and some of them required extensive treatment.

The Committee may well be proud of the excellent quality of the dental treatment given by its staff who have been provided for many years now with modern equipment which compares favourably with any in the country. Orthodontic treatment is practised under the leadership of Mr. McIntyre, and with the expert advice when necessary of Mr. W. Burston, the Consultant Orthodontist of Liverpool, who visits Bangor occasionally.

Many years ago the School Dental Service had to work with poor equipment in some premises which were neither safe nor suitable. Gone for ever are the days when school dentists had to work in a classroom and even in a school porch ! This transformation which I have witnessed here is due to the Committee accepting my contention that in matters of health there should be only one standard, and that is " the best available."

I referred above to the quality of dental treatment. Its quantity, having regard to the number of children and the amount of dental diseases, is, however, too small. The Committee now employs the equivalent of four dental surgeons, whereas there is need for the service of a minimum of six for school children, plus two for children under five and expectant mothers (a total of eight).

In its ten-year Plan for the Health Service, the County Council did include this total of eight, and which it intended to provide by the beginning of 1964.

Defective School Buildings

Although the Education Committee has built many new schools since the war, some of the old school buildings are defective in many aspects. Progress in converting them to provide a reasonable standard of sanitation, lighting, heating, lavatory and clothes drying facilities has been very slow in recent years. A child is compelled to spend a very long time in school during his formative years. Therefore it is not only reasonable but essential for the maintenance of the child's health that the standard of cleanliness and all the other essential features of school premises should not be less than the best of the homes in which the children live the rest of their school days.

I refer members responsible, and others interested, to the section, " Conditions of School Buildings and Playgrounds," and Sanitary Accommodation, etc.

Cleanliness and all that the word implies in its widest connotation is one of the pillars in the Temple of Health.

I must refer again to the lack of hot water, soap dispensers, and paper towels in so many of our schools. Incidentally, as a nation, we seem to use less soap and water for washing hands and bodies than many other nations. Is this trait due perhaps to the dearth of such provision in our schools in past years ? We are all " creatures of habit," especially those habits good and bad we acquire when we are young.

There are many other items of absorbing interest in the body of the Report to which attention is invited.

My thanks for assistance, co-operation and appreciation of the ideals of the School Health Service are due again to the teachers, the Director of Education and his staff, the voluntary organisations, and all members of my own staff. I am grateful to the Chairman and members of the Committee for their continued interest in the department and for their appreciation of its work.

D. E. PARRY-PRITCHARD,
Principal School Medical Officer.

SCHOOL HEALTH SERVICES STAFF

<i>Principal School Medical Officer...</i>	D. E. PARRY-PRITCHARD, O.B.E., M.D., D.P.H., M.B., CH.B., F.R.S.H.
<i>Deputy Principal School Medical Officer</i>	C. T. BAYNES, M.D., D.P.H., M.B., CH.B.
<i>Senior Assistant School Medical Officer</i>	M. SLATER, M.B., CH.B., C.P.H., D.C.H.
<i>School Medical Officers</i>	J. R. P. MURLEY, M.R.C.S., L.R.C.P., D.P.H. E. ROBERTS, M.B., B.CH., D.P.H. (commenced September 1963).

All staff are also Assistant County Medical Officers of Health.

Dental Staff :

<i>Principal School Dental Officer</i>	D. MCINTYRE, L.D.S.
<i>School Dental Officers :</i>	
<i>Northern Area</i>	N. LIVSEY, L.D.S.
<i>North Central</i>	G. H. WILSON, L.D.S.
<i>South Central</i>	IFOR LL. WILLIAMS, B.D.S.
<i>Southern Area</i>	J. N. STERNDALE BENNETT, L.D.S.
<i>Dental Attendants</i>	Five.

Nursing Staff :

<i>County Superintendent and Superintendent Health Visitor</i>	MISS M. RICHARDS, S.R.N., S.C.M., Q.N.S., M.T.D., H.V.
<i>Deputy County Superintendent and Superintendent Health Visitor</i>	MISS E. E. HUGHES, S.R.N., S.C.M., Q.N.S., H.V.
<i>Assistant County Superintendent and Superintendent Health Visitor</i>	MISS A. THOMAS, S.R.N., S.C.M., Q.N., H.V.
<i>Health Visitors and School Nurses (December 1963)</i>	26 full-time and 1 part-time were employed.
<i>Physiotherapist... ..</i>	MISS M. F. WILLIAMS, M.C.S.P.
<i>Speech Therapist</i>	Post Vacant.
<i>Orthoptist (part-time)</i>	MRS. S. M. GUPPY, D.B.O. (com- menced February 1963).
<i>Audiologist</i>	MRS. J. D. MIDGLEY, M.SC. (PSYCHOLOGY).
<i>County Health Officer</i>	ANEURIN JONES, P.H.I.
<i>Chief Clerk</i>	CLEDWYN PARRY.

CONSULTANTS

<i>Orthopaedic...</i>	...	...	G. I. ROBERTS, F.R.C.S., M.CH.(ORTH.).
<i>Ophthalmic ...</i>	...	...	T. G. WYNNE PARRY, M.R.C.S., L.R.C.P., D.O.M.S.
			G. C. LASZLO, M.D., L.R.C.P., L.R.F.P.S., D.O.
			G. L. HARPER, M.R.C.S., L.R.C.P., D.O.
<i>Ear, Nose and Throat ...</i>	...	...	EIRON JONES, M.B., B.S., F.R.C.S.
<i>Paediatric ...</i>	...	...	GWYN GRIFFITH, M.D., F.R.C.P., D.P.H., D.R.C.O.G.
<i>Child Guidance ...</i>	...	...	E. SIMMONDS, M.D., L.R.C.P., L.R.C.S., L.R.F.P.S.
<i>Plastic Surgery ...</i>	...	...	R. P. OSBORNE, B.SC., M.B., CH.B., F.R.C.S.
<i>Anaesthetists ...</i>	...	...	T. K. HARDY, M.B., CH.B., F.F.A., D.A. H. EDWARDS, M.R.C.S., L.R.C.P., F.F.A., D.A. D. E. ROWLANDS, M.R.C.S., L.R.C.P., F.F.A.
<i>Chest Physician ...</i>	...	...	J. GLYN JONES, M.A., M.D., B.CHIR.
<i>Consultant in Audiology ...</i>	...	...	PROF. SIR ALEXANDER EWING, M.A., PH.D.

Director of Education

MANSEL WILLIAMS, M.A., B.SC.

SCHOOL HEALTH SERVICES—CLINICS

TABLE I

<i>Clinic</i>	<i>Place held</i>	<i>Days held</i>	<i>Time</i>	<i>Attended by</i>
Ear, Nose and Throat	C. & A. Hospital, Bangor Llandudno General Hospital, Llandudno	Every Monday Every Tuesday	1.30 p.m. 1.15 p.m.	E.N.T. Consultant E.N.T. Consultant
Visual Defects	War Memorial Centre, Oxford Road, Llandudno C. & A. Hospital, Bangor Central Clinic, Shirehall Street, Caernarvon or School Clinic, Sackville Road, Bangor Pwllheli Hospital, Pwllheli	1st and 3rd Mondays 2nd Fridays 2nd and 4th Mondays 2nd and 4th Wednesdays	2.30 p.m. 2.0 p.m. 2.15 p.m. 2.15 p.m. 9.45 a.m. and 1.45 p.m.	} Ophthalmic Consultant School Nurse
Orthoptic	C. & A. General Hospital, Bangor School Clinic, Shirehall Street, Caernarvon Pwllheli Hospital Llandudno General Hospital	Mondays 2nd and 4th Tuesdays 1st and 3rd Wednesdays Thursdays Mondays 2nd and 4th Wednesdays Fridays	9.0 a.m. to 1.0 p.m. 9.0 a.m. to 5.0 p.m. 9.0 a.m. to 5.0 p.m. 9.0 a.m. to 5.0 p.m. 2.0 p.m. to 4.30 p.m. 10.30 a.m. to 4.30 p.m. 10.15 a.m. to 4.30 p.m.	

TABLE I (continued)

<i>Clinic</i>	<i>Place held</i>	<i>Days held</i>	<i>Time</i>	<i>Attended by</i>
Orthopaedic and Ultra Violet Ray	War Memorial Centre, Oxford Road, Llandudno Central Clinic, Shirehall Street, Caernarvon Mount Pleasant, Penlan Street, Pwllheli Snowdon Street Clinic, Portmadoc School Clinic, Sackville Road, Bangor	Every Wednesday Every Tuesday Every Monday Every Thursday Every Friday	10.00 a.m. to 4.00 p.m. 9.00 a.m. to 5.00 p.m. 10.00 a.m. to 4.00 p.m. 10.00 a.m. to 4.00 p.m. 9.30 a.m. to 4.00 p.m.	Physiotherapist do. do. do. do.
A Survey Clinic is held each month at the Centres (except Portmadoc) in rotation attended by Orthopaedic Surgeon				
Dental (held in addition to other regular Clinics)	Dyffryn Road School, Llandudno School Clinic, Sackville Road, Bangor Central Clinic, Shirehall Street, Caernarvon Chapel Street Clinic, Portmadoc Mount Pleasant, Penlan Street, Pwllheli Carneddi School, Bethesda New Clinic, Llanberis School Clinic, Penygroes Rhandir, Church Lane, Morfa Nefyn	Clinics are held at these Centres when the Dental Officers work in the areas	9.30 a.m. to 4.30 p.m.	School Dentist Dental Attendant

Two Mobile Clinics are available in the most rural parts of the County

TABLE 1 (*continued*)

<i>Clinic</i>	<i>Place held</i>	<i>Days held</i>	<i>Time</i>	<i>Attended by</i>
Minor Ailments	School Clinic, Sackville Road, Bangor	Daily	9.00 a.m. to 10.00 a.m.	Health Visitor/School Nurse
	Central Clinic, Shirehall Street, Caernarvon	Daily	4.00 p.m. to 5.00 p.m. 9.00 a.m. to 10.0 a.m.	do.
	War Memorial Centre, Oxford Road, Llandudno	Daily	4.00 p.m. to 5.00 p.m.	do.
	Legion House, Esplanade, Penmaenmawr	Mondays, Wednesdays and Fridays	9.00 a.m. to 10.00 a.m. 4.00 p.m. to 5.00 p.m.	do.
	Mount Pleasant, Penlan Street, Pwllheli	Daily	9.00 a.m. to 10.00 a.m.	do.
	Jerusalem Chapel Vestry, Bethesda	Monday mornings	9.00 a.m. to 10.00 a.m.	do.
	School Clinic, County Build- ings, Penygroes	Daily	9.00 a.m. to 10.00 a.m.	do.
	New Clinic, Llanberis	Daily	9.00 a.m. to 10.00 a.m.	do.
	The Clinic, Deiniol Road, Deiniolen	Daily	9.00 a.m. to 10.00 a.m.	do.
	Minor ailments are also treated locally by District Nurses			
Child Guidance	School Clinic, Sackville Road, Bangor	Every Tuesday	10.00 a.m. to 1.00 p.m. 2.00 p.m. to 5.00 p.m.	Psychiatrist Psychologist Educational Psychologist Psychiatric Social Worker

TABLE 1 (*continued*)

<i>Clinic</i>	<i>Place held</i>	<i>Days held</i>	<i>Time</i>	<i>Attended by</i>
Speech *	War Memorial Centre, Oxford Road, Llandudno	Every Monday	9.30 a.m. to 4.00 p.m.	Speech Therapist
	Mount Pleasant, Penlan Street, Pwllheli	Every Tuesday	9.30 a.m. to 4.00 p.m.	do.
	School Clinic, Sackville Road, Bangor	Every Wednesday	9.15 a.m. to 4.00 p.m.	do.
	Central Clinic, Shirehall Street, Caernarvon	Every Thursday	9.15 a.m. to 4.00 p.m.	do.
	War Memorial Centre, Oxford Road, Llandudno	Every Friday	9.30 a.m. to 12.30 p.m.	do.
	Muriau Clinic, Conway Central Clinic, Shirehall Street, Caernarvon	Every Friday Every Saturday	2.00 p.m. to 4.00 p.m. 9.00 a.m. to 12 noon	do. do.

* These Clinics were suspended during 1963 because the services of a full-time Speech Therapist were not available

SUMMARY OF SERVICE PROVIDED

TABLE 2

SCHOOL POPULATION :				
Number on books at the beginning of the year	...			18,472
Number on books at the end of the year	...	...		18,324
NUMBER OF CHILDREN MEDICALLY EXAMINED :				
(a) at Periodic Inspections	...	...	...	5,491
(b) at Special Inspections	...	...	...	520
(c) at Re-Inspections	...	...	...	3,832
INDIVIDUAL CHILDREN FOUND AT PERIODIC INSPECTIONS TO REQUIRE TREATMENT (excluding uncleanliness and dental diseases)				286
INDIVIDUAL CHILDREN TREATED :				
1. Errors of refraction (including squint)	...	...		953
2. Number of spectacles supplied	...	...		690
3. Defects of the Nose and Throat	...	...		36
4. Dental Defects	...	...	...	4,755
5. Orthopaedic :				
(a) in hospitals or hospital schools	...	...		15
(b) in clinics or out-patients' departments	...	...		100
6. Speech Defects	...	...		1
7. Minor Ailments...	...	...		14
HOME AND SCHOOL ATTENDANCES BY SCHOOL NURSES :				
Attendances following Medical Inspection :			To homes	131
			To schools	162
Attendances following general health and hygiene inspections :			To homes	379
General health and hygiene inspections :			At schools	577
Other Attendances :			To homes	1,598
			To schools	1,183
Attendances concerning Infectious Diseases			...	1,051

CONDITIONS OF SCHOOL BUILDINGS AND PLAYGROUNDS

Reports on defective or unsatisfactory conditions found at 91 schools in 1963 were submitted to the Director of Education. These conditions are enumerated in this table.

The percentage is calculated on the number of schools inspected by the Medical Officers.

During 1963, 153 of the 154 schools in the county were examined.

TABLE 3

YEAR	1963	
NUMBER OF SCHOOLS INSPECTED	153	
NATURE OF DEFECT	<i>Number Observed</i>	<i>Per- centage</i>
Insufficient or unsatisfactory water supply	12	7.7
Defective or insufficient ventilation	3	1.9
Defective or insufficient heating arrangements	29	18.9
Unsuitable or insufficient lighting	3	1.9
Unsuitable or insufficient closet accommodation	18	11.7
Unsuitable or insufficient washing accommodation	3	1.9
Dampness	1	0.65
Insufficient cloakroom accommodation	8	5.2
Unsuitable playgrounds	5	3.26
Premises requiring to be decorated	7	4.5
Desks and/or chairs unsuitable	Nil	—
Absence of or unsuitable arrangements for drying clothes ...	77	50.3
Unsuitable entrances—absence of guard-rails, motor warn- ings, etc.	2	1.3
Unsuitable Blackboards	Nil	—
Inadequate Dining Rooms	2	1.3
Uncleanliness	1	0.65

SANITARY ACCOMMODATION IN SCHOOLS AND SCHOOL WATER SUPPLIES

I have received this report from the County Health Officer :
 “ To the Principal School Medical Officer.

School Water Supplies

Five bacteriological water samples have been taken from schools or the water sources to schools in the county. Three samples were unsatisfactory. There are only two schools that derive their supply from private sources ; the remainder are supplied from local authority mains.

The water samples were examined at the Public Health Laboratory, Conway, and close co-operation is maintained with the District Medical Officers at all times.

School Sanitary Accommodation

One hundred and six inspections have been made of school sanitary accommodation. This includes inspection of W.C's, urinals and means of disposal.

Unsatisfactory accommodation has been referred to the Director of Education for appropriate action.

The unsatisfactory state of many urinals at schools has been mentioned on several occasions, and in particular the irregular means of flushing by means of a stop tap instead of automatic flushing cisterns. By the stop-tap method the urinals are either flushed for long periods, consequently wasting water, or are not flushed at all. Another point which is very evident in the county is the siting of the sanitary conveniences. In the majority of cases this essential amenity has been sited at the further point in the school playground. This might have been essential in the age of the earth closet, but is wholly unsatisfactory in this age.

Only ten schools have chemical sanitation, all the others having a water carriage system, and to obviate wasting time, inconvenience and the hazard of the children becoming wet in inclement weather, the sanitary accommodation of the school should be accessible without having to leave the premises.

I suggest that on all occasions where consideration is being given for any expenditure on the existing sanitary accommodation at schools, that if possible the conveniences be resited, though this may incur some additional expense. I am sure that over a period expense will be saved, as damage from frost in internal toilets is negligible, and they are better supervised by the school staff.

SCHOOL MEDICAL INSPECTIONS

Medical inspections were performed in accordance with the Regulations issued in August 1953.

Caernarvonshire children are examined regularly :

- (a) as soon as possible after the date of admission to a maintained school for the first time ;
- (b) during their last year of attendance at primary schools ;
- (c) during the last year of attendance at secondary schools.

As a further safeguard, all Caernarvonshire children under five years of age attending schools are inspected annually ; all children found to be suffering from defects are inspected annually, and special cases are examined at the request of head teachers and school nurses at schools and clinics.

The Medical Inspection of children attending 153 of the 154 schools in the county was completed during the year, and a total of 9,808 were examined by the School Medical Officers.

CONDITIONS FOUND AT MEDICAL INSPECTIONS

Classification of Physical Condition

Table 4 shows the classification of the general condition of the pupils examined in the periodic age groups during 1963.

It is not easy to compare accurately the finer degrees of physical condition or state of nutrition because there are no easily recognised standards for comparison. Each doctor varies slightly in his assessment, but this table may be accepted as reflecting fairly accurately the physical condition of our children.

Periodic Medical Inspections

TABLE 4

<i>Age Groups Inspected (By Year of Birth)</i>	<i>Number of Pupils Inspected</i>	<i>Physical Condition of Pupils Inspected</i>			
		<i>Satisfactory</i>		<i>Unsatisfactory</i>	
		<i>Number</i>	<i>% of Col 2</i>	<i>Number</i>	<i>% of Col 2</i>
(1)	(2)	(3)	(4)	(5)	(6)
1959 and later	310	310	100.0	—	—
1958	986	986	100.0	—	—
1957	976	975	99.89	1	0.10
1956	147	147	100.0	—	—
1955	71	71	100.0	—	—
1954	42	42	100.0	—	—
1953	672	672	100.0	—	—
1952	792	792	100.0	—	—
1951	89	89	100.0	—	—
1950	22	22	100.0	—	—
1949	1,103	1,103	100.0	—	—
1948 and earlier	281	281	100.0	—	—
TOTAL	5,491	5,490	99.98	1	0.01

Defects of Nose and Throat

Of 6,011 children examined in the Periodic and Special Groups, 14 (0.23 per cent) were recommended for treatment.

Errors of Refraction (including Squint)

Of those examined in the Periodic and Special Groups, 189 (3.14 per cent) were found to require treatment for visual defects. An additional 49 children (0.81 per cent) required treatment for squint.

Defective Hearing and Ear Disease

Treatment for 9 children (0.15 per cent) was recommended.

TUBERCULOSIS

All school children who are suspected by the School Medical Officers to be suffering from tuberculosis, and all children known to be contacts to tuberculous patients, are referred for examination by the Chest

Physician at special clinics held at Llandudno, Caernarvon, Bangor and Pwllheli weekly. Before attending, each child is visited by the School Nurse, who performs a tuberculin skin test five days before the date of the clinic. The result of this test is read by the Chest Physician, and each child showing a positive reaction is clinically and radiologically examined.

During 1963, 132 children were referred for examination by the Chest Physician, and the results of the examination are given in Table 7. Eleven children under 15 years were notified as suffering from tuberculosis during 1963, and details are given in this table :

TABLE 5

<i>Pulmonary</i>		<i>Non-Pulmonary</i>		<i>Total</i>		<i>Grand Total</i>
<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	
5	3	—	3	5	6	11

B.C.G. Immunisation

Immunisation of children born to tuberculous mothers and of children in contact with open cases of tuberculosis continued, and details of children protected since the inception of the scheme are given in Table 8.

B.C.G. immunisation of school leavers was continued, and children who had attained their eleventh birthday at the time of testing were tested during 1963.

Of 1,475 invitations sent to parents, 1,385 (94 per cent) acceptances were received.

An analysis of the results is given in Table 6.

Of the 87 children showing a positive reaction, 13 were strongly positive and were referred for examination by the Chest Physician.

Children found to be mildly positive (74) were referred for examination by the Mass Radiography Unit. One child was referred by the Mass Radiography Unit to the Chest Physician, and is being kept under observation. Satisfactory reports have been received for all the others and for their families who had been persuaded to attend with their children for examination.

TABLE 6—B.C.G. IMMUNISATION OF SCHOOL CHILDREN, 1963

School	Number of Consent Forms Distrib'd	Number of Consent Forms Received	Percentage Consenting	Number Tested	Number Absent	Number Positive	Percentage Positive	Number Negative	Percentage Negative	Number Immunised	Number positive during annual testing	Number negative during annual testing
Aberconway Sec. Mod.	157	156	99.36	131	25	7	5.34	110	93.97	110	93	—
Bangor Girls' Grammar	53	50	94.34	50	—	3	6.00	45	90.00	45	145	—
Bangor Friars ...	72	64	88.89	60	4	5	8.33	53	88.33	53	134	—
Bangor Sec. Mod.	123	112	91.06	106	17	5	4.72	93	87.74	82	130	—
Bangor Roman Catholic	14	14	100.0	8	6	—	—	6	75.00	6	7	—
Bethesda Bilateral ...	127	120	94.49	104	16	3	2.88	93	89.42	93	215	1
Botwnnog Bilateral ...	47	45	95.74	35	10	5	14.28	23	65.71	23	154	—
Brynrefail Bilateral ...	89	83	93.26	74	9	9	12.16	58	78.38	58	147	—
Caernarvon Grammar...	64	64	100.0	63	1	3	4.76	60	95.24	60	238	—
Caernarvon. Sec. Mod.	128	121	94.53	96	25	1	1.04	93	96.87	93	349	—
Llandudno Grammar ...	183	164	89.62	155	9	15	9.68	126	81.29	126	264	—
Llandudno Sec. Mod. ...	78	78	100.0	78	—	10	12.82	61	78.21	61	213	—
Penygroes Bilateral ...	95	85	89.47	70	15	6	8.57	64	91.43	64	282	6
Portmadoc Bilateral ...	114	107	93.86	82	25	7	8.54	74	90.24	74	215	—
Pwllheli Grammar ...	46	40	86.96	38	2	2	5.26	31	81.58	31	193	—
Pwllheli Sec. Mod. ...	80	77	96.25	70	7	5	7.14	63	90.00	63	179	—
Treborth Hall ...	5	5	100.0	5	—	1	20.00	1	20.00	1	25	—
TOTAL ...	1,475	1,385	93.89	1,225	171	87	7.10	1,054	86.04	1,043	2,983	7

TABLE 7—"CONTACT" CLINICS

(Children who have been in direct contact with Tuberculosis Cases)

No. Referred		Result of Examination								Failed to Attend	
		Positive				For Observation		Negative			
		Pulmonary		Non-Pulmonary							
Age		Age		Age		Age		Age		Age	
-5	5-16	-5	5-16	-5	5-16	-5	5-16	-5	5-16	-5	5-16
M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.
26 20	45 41	1 —	1 —	— —	— —	4 —	15 13	20 19	28 26	1 1	1 2

TABLE 8

B.C.G. IMMUNISATION (ORIGINAL SCHEME).

Year	Preliminary Skin Tests		Children Immunised with B.C.G.					
			Age Period					
	Positive Reaction	Negative Reaction	-1	1-5	5-10	10-15	15-20	Total
1950	10	36	13	10	6	7	—	36
1951	41	116	18	35	35	26	2	116
1952	22	147	26	61	34	22	4	147
1953	34	101	42	25	18	12	4	101
1954	25	309	69	80	96	52	12	309
1955	45	276	69	91	75	33	8	276
1956	28	245	68	74	81	19	3	245
1957	19	276	88	72	70	39	7	276
1958	35	857	121	204	292	231	9	857
1959	50	809	85	167	258	286	13	809
1960	11	290	70	107	56	43	6	290
1961	37	866	176	133	382	213	35	866
1962	3	373	125	109	107	27	5	373
Totals	360	4,701	970	1,168	1,510	1,010	108	4,701

	Preliminary Skin Tests		Children immunised with B.C.G.						Reaction after Immunisation	
			Age Period							
Year	Positive Reaction	Negative Reaction	—1	5-6	6-10	10-15	15-20	Total	Positive	Negative
1963	3	365	181	108	54	20	2	365	368	3

TUBERCULIN TESTING OF SCHOOL ENTRANTS

Tuberculin tests were performed on 1,598 school entrants during 1963. Seventeen of these showed a positive result and were referred to the Chest Physician for examination.

One of these was notified as suffering from pulmonary tuberculosis and was admitted to hospital for treatment. The remaining 16 are being kept under observation by the Chest Physician.

All members of the family of any child found to be suffering from tuberculosis are advised to be examined by the Chest Physician. Enquiries are also made by Assistant Medical Officers to ascertain, if possible, the source of infection.

HANDICAPPED PUPILS

Ascertainment of Handicapped Pupils under Section 34 of the Education Act 1944 continued during the year.

Table 0 gives details of Caernarvonshire children classified as Handicapped Pupils according to the definitions prescribed in the School Health Service and Handicapped Pupils Regulations 1953.

Reports on deaf children again demonstrate the absolute necessity of giving special attention to such children as soon as their deafness is ascertained. If parents follow the advice and supervision given to them in future at the Audiology Clinic, deaf children will no longer remain dumb or partially dumb.

Some details of children in Residential Special Schools :

BLIND (BILATERAL OPTIC ATROPHY)—C.A.H.

Date of Birth : 9/6/49. Residential School for the Blind, Bridgend.

Admitted to Special School on 16/4/56 when aged 6 years.

BLIND (CONGENITAL MALFORMATION OF THE EYES)—A.B.

Date of Birth : 12/9/54. The Liverpool School for the Blind, Wavertree.

Admitted to Special School on 12/9/61 when aged 7 years.

PARTIALLY SIGHTED (RETROLENTAL FIBROPLASIA)—T.E.

Date of birth : 9/2/51. Residential School for the Blind, Bridgend.

Admitted to Special School on 16/4/56 when aged 5 years 2 months.

PARTIALLY SIGHTED (CONGENITAL BILATERAL NYSTAGMUS)—R.D.

Date of birth : 4/12/53. Residential School for the Blind, Bridgend.

Admitted to Special School on 4/9/61 when aged 8 years 9 months.

PARTIALLY SIGHTED (MICROPHTHALMUS AND CHOROIDAL COLOBOMA)—G.H.T.

Date of birth : 12/2/53. Residential School for the Blind, Bridgend.

Admitted to Special School on 19/1/59 when aged 5 years 11 months.

PARTIALLY SIGHTED (RETROLENTAL FIBROPLASIA), also PARTIAL HEARING—C.L.R.

Date of birth : 9/12/49. Residential School for the Blind, Bridgend.

Admitted to Special School on 6/5/57 when aged 7 years 5 months.

PARTIALLY SIGHTED (BILATERAL CONGENITAL CATARACTS)—G.J.

Date of birth : 4/5/54. Residential School for the Blind, Bridgend.

Admitted to Special School on 10/6/63 when aged 8 years 11 months.

DEAF—D.H.

Date of birth : 20/1/49. Royal Residential School for the Deaf, Manchester.

Admitted to Special School on 19/4/55 when aged 5 years.

DEAF—E.A.

Date of birth : 27/8/49. Llandrindod Wells Residential School for the Deaf.

Admitted to Special School 14/9/54 when aged 5 years 1 month.

DEAF—B.W.

Date of birth : 9/9/58. Crown Street School for the Deaf, Liverpool.
Admitted to Special School on 11/1/62 when aged 3 years 4 months.

DEAF—L.W.

Date of birth : 20/12/59. Royal Residential School for the Deaf, Manchester.
Admitted to Special School on 10/9/63 when aged 3 years 9 months.

DEAF—E.H.

Date of birth : 26/1/59. Royal Residential School for the Deaf, Manchester.
Admitted to Special School 30/10/63 when aged 4 years 9 months.

PARTIAL HEARING—M.W.

Date of birth : 21/2/58. Liverpool School for the Partially Deaf, Birkdale.
Admitted to Special School 7/5/62 when aged 4 years 2 months.

PARTIAL HEARING—K.H.

Date of birth : 3/2/57. Royal Residential School for the Deaf, Manchester.
Admitted to Special School 12/9/61 when aged 4 years 7 months.

PARTIAL HEARING—B.W.

Date of birth : 27/7/49. Liverpool School for the Partially Deaf, Birkdale.
Admitted to Special School in September 1954 when aged 5 years.

PARTIAL HEARING—G.W.

Date of birth : 21/2/58. Liverpool School for the Partially Deaf, Birkdale.
Admitted to Special School 7/5/62 when aged 4 years 2 months.

PARTIAL HEARING—M.G.R.

Date of birth : 17/9/53. Llandrindod Wells Residential School for the Deaf.
Admitted to Special School in September 1961 when aged 8 years.

PHYSICALLY HANDICAPPED (MYOTONIA CONGENITA)—P.O.

Date of birth : 11/8/51. Ryton Hall Special School for Educationally Sub-normal Children.
Admitted to Special School in November 1962 when aged 11 years 4 months.

MALADJUSTED—F.F.

Date of birth : 8/3/50. Shotton Hall Residential School.
Admitted to Special School in June 1961 when aged 11 years 3 months.

MALADJUSTED—R.M.

Date of birth : 3/10/49. Farney Close School.
Admitted to Special School 11/2/63 when aged 13 years 4 months.

TABLE 9

<i>Category (as on 23/1/1964)</i>	<i>Attend- ing Special Schools</i>	<i>Attend- ing Ordinary Schools</i>	<i>Receiving Home Tuition</i>	<i>At Home</i>	<i>Totals</i>	<i>Requiring places at Special Schools but re- maining unplaced</i>
Blind	2	—	—	—	2	—
Partially Sighted	5	2	—	—	7	1
Deaf	5	—	—	—	5	—
Partially Deaf	5	20	—	—	25	1
Delicate	—	61	4	1	66	1
Physically Handicapped	6	38	2	5	51	11
Educationally Subnormal	47	98	—	—	145	42
Maladjusted	2	7	—	—	9	—
Epileptic	4	1	—	—	5	—
TOTALS	76	227	6	6	315	56

In addition to the 76 children in Special Schools, 3 children were admitted to the Gwynfa Residential Clinic for Maladjusted Children, Upper Colwyn Bay, during the year.

Shortage of staff has prevented all children being ascertained, and therefore this table does not reflect accurately the total number of educationally sub-normal children in the county.

AUDIOMETRIC TESTING IN SCHOOLS

During the year Mrs. Midgley, who is employed in a part-time capacity, visited 34 schools where children had not been previously tested. In addition she visited 15 schools where testing had been performed previously for follow-up purposes. At these latter schools the hearing of any child who was not tested during her previous visit, but who was now within the specified age limit, was also tested. Two sessions were also held at Ysgol Gogarth, Llandudno.

I have received this report from Mrs. Midgley :

" 1963 has seen a further consolidation of the Audiological Service in schools. Closer co-ordination between screening and medical follow-up has been achieved by arranging for the screening tests and follow-up tests of hearing to be done either in the term immediately prior to the School Medical Inspection or earlier in the same term. This seems to be working well, and I am grateful to the clerical staff for their co-operation.

Thirty-four new schools (including the Treborth Hall Residential School and two Training Centres) have been visited, and fifteen schools revisited. The frequency with which screening is done in schools depends on the number of children to be seen. It is economically desirable to defer a visit until a reasonable case-load has accumulated. This means that some children may not be screened before the age of seven years, as two to three years may elapse between visits. Only a small proportion of the school population will be affected and head teachers are asked to inform the County Medical Officer or the Health Visitor of any cases of suspected deafness. I would like to thank all head teachers and their staffs for their continued interest and co-operation.

The allocation of a Minivan to the service in October 1963 has already proved its worth. It has been pressed into service before the proposed conversion and sound treatment could be carried out, and it is anticipated that its efficiency will be greatly increased on the completion of this work. My own thanks will be echoed by the staffs of the many schools where acoustic and accommodation conditions have put great strain on all concerned. The van makes it possible to improve the standard of testing and will consequently facilitate the interpretation of the test results.

TABLE 10

<i>Number Examined</i>		<i>Total Examined</i>	<i>Referred to School Medical Officer</i>		<i>Total</i>
<i>New</i>	<i>Re-tests</i>		<i>New</i>	<i>Re-tests</i>	
2,048	466	2,514	252	109	361

Five schools were visited towards the end of the year which have not yet been re-tested, therefore the referrals for these schools are not included in the above total.

Sir Alexander Ewing's Clinics

Children seen at Bangor Consultant's Audiology Clinic, 1963

Total number of children seen : 16

TABLE 11

							<i>Under 5 years of age</i>	<i>Over 5 years of age</i>
Old Cases	...	...	...	...	...	...	2	10
New Cases	...	...	...	...	...	...	1	3
TOTAL	...	...	...	...	...	...	3	13
CAUSE OF REFERRAL								
Follow-up of cases seen previously	...	...	...	...	...	...	2	10
Slight loss of hearing	...	...	...	...	...	...	1	—
Deafness	...	...	...	...	...	...	—	2
Suspected deafness	...	...	...	...	...	...	—	1
TOTAL	...	...	...	...	...	...	3	13
SOURCE OF REFERRAL								
County Health Department	...	...	...	...	...	...	3	9
County Medical Officer of Health, Anglesey	...	...	...	...	...	...	—	1
County Medical Officer of Health, Montgomery-shire	...	...	...	...	...	...	—	1
E.N.T. Consultant	...	...	...	...	...	...	—	2
TOTAL	...	...	...	...	...	...	3	13
DIAGNOSIS								
Slight Deafness	...	...	...	...	...	...	—	2
Partial deafness	...	...	...	...	...	...	—	10
Deafness	...	...	...	...	...	...	3	1
TOTAL	...	...	...	...	...	...	3	13
RECOMMENDATIONS								
For special school	...	...	...	...	...	...	3	4
For further tests	...	...	...	...	...	...	—	4
To sit in front row of classroom	...	...	...	...	...	...	—	1
For E.N.T. Consultation	...	...	...	...	...	...	—	4
TOTAL	...	...	...	...	...	...	3	13

School Children seen at School Medical Officers' Audiology Clinics

TABLE 12

<i>Centre</i>	<i>Number Invited</i>	<i>Number Seen</i>	<i>Failed to Attend</i>
Bangor ...	43	28	15
Caernarvon ...	23	14	9
Conway ...	9	6	3
Llanberis ...	8	3	5
Llandudno ...	14	10	4
Penygroes ...	10	10	—
Portmadoc ...	9	7	2
Pwllheli ...	10	6	4
TOTAL ...	126	84	42

	<i>Bangor</i>	<i>Caer- narvon</i>	<i>Con- way</i>	<i>Llan- beris</i>	<i>Llan- dudno</i>	<i>Peny- groes</i>	<i>Port- madoc</i>	<i>Pwll- heli</i>	<i>Total</i>
SOURCE OF REFERRAL									
Assistant Medical Officers ...	24	10	6	2	8	10	7	5	72
Health Visitors ...	2	3	—	1	2	—	—	1	9
Paediatrician ...	1	1	—	—	—	—	—	—	2
Children's Officer ...	1	—	—	—	—	—	—	—	1
TOTAL ...	28	14	6	3	10	10	7	6	84
REASON FOR REFERRAL									
For re-test ...	15	6	4	1	6	7	1	5	45
Suspected deafness ...	9	7	2	—	4	—	4	—	26
Poor speech ...	2	1	—	—	—	1	—	—	4
Otorrhoea ...	—	—	—	1	—	2	1	—	4
Failed screening test ...	—	—	—	1	—	—	1	1	3
Consultant's request ...	2	—	—	—	—	—	—	—	2
TOTAL ...	28	14	6	3	10	10	7	6	84
RECOMMENDATIONS FOLLOWING TESTING									
For E.N.T. consultation ...	5	1	—	2	1	1	3	1	14
To see own doctor ...	—	—	1	—	—	—	—	—	1
Follow up at school ...	6	2	—	—	—	3	—	—	11
To sit in front of class ...	2	—	—	—	—	—	—	—	2
For re-test ...	8	3	3	—	7	5	1	5	32
Classify as partially deaf ...	1	—	—	—	—	—	—	—	1
No further action ...	6	8	2	1	2	1	3	—	23
TOTAL ...	28	14	6	3	10	10	7	6	84

SCHOOL DENTAL SERVICE

I have received this report on the Dental Services provided during 1963 from the Principal School Dental Officer :

"Dear Sir,

I have the honour to present the following account of the Dental Services in the county for the year 1963.

The establishment of five Dental Officers, filled for the whole year, is obviously too small to cope with the amount of work which needs doing.

Regular routine inspection and treatment, on a six-monthly basis, is the only answer to the dental troubles of children in the county. It has not been possible even to inspect children in some small schools for many years.

Dental Treatment

The amount of treatment has been listed with that done in the previous two years, and in most cases shows an increase.

The ratio of fillings (the most positive aspect of dentistry) to extractions (a more negative aspect) is satisfactory.

Dental Inspections

TABLE 13

	1961	1962	1963
Number Inspected	4,747	7,912	7,429
Number naturally sound	297	421	331
Number artificially sound	1,466	2,589	2,583
Defective not referred	75	143	140
Number referred for Treatment	2,909	4,759	4,375

Dental Treatment

TABLE 14

<i>Numbers Treated</i>	1961	1962	1963
Routine Cases	2,954	3,420	4,002
Special Cases	522	504	753
TOTAL	3,476	3,924	4,755
Attendances for Treatment	9,121	11,743	13,072
Extractions : Permanent Teeth	613	753	874
Temporary Teeth	1,307	1,737	2,208
Anaesthetics : Local	2,524	3,282	3,142
General	454	545	730
Fillings : Permanent Teeth	6,291	7,583	7,678
Temporary Teeth	1,339	1,764	2,146
Applications of Silver Nitrate	261	434	865
Crowns	8	6	19
X-rays taken	214	216	192
Prophylactic cleaning	1,256	1,419	2,025
Pupils fitted Dentures	23	20	31

Allocation of Sessions

TABLE 15

	1961	1962	1963
Treatment	1,684	1,910	2,055
Inspection	86	121	133
Other work	172	115	184

Orthodontics

Sixty-three cases were completed during the year as opposed to 41 the previous year.

A number of cases were referred to the Consultant Orthodontist (Paediatric and Plastic Surgical Units) visiting the Caernarvon and Anglesey Hospital, Bangor, who has been exceedingly helpful with both advice and treatment. Unfortunately, he has been so busy that in the latter part of the year he was unable to accept any further patients.

TABLE 16

	1961	1962	1963
Cases commenced during year	42	56	58
Cases carried forward	42	19	21
Cases completed	54	41	63
Cases discontinued	11	13	12
Pupils treated with Appliances	78	95	79
Appliances fitted	78	95	135
Impressions taken	249	295	300
Appliances adjusted	312	277	345
Total Attendances	546	549	712

General Anaesthetics

Anaesthetists :

DR. H. EDWARDS, M.R.C.S., L.R.C.P., F.F.A., D.A.

DR. D. E. ROWLANDS, F.F.A., R.C.S., C.A.

DR. K. HARDY, M.B., CH.B., M.R.S., L.R.C.P., F.F.A., R.C.S., D.A.

DR. GARETH HUGHES THOMAS, B.SC., M.B.CH.

The number of cases treated under general anaesthetic rose from 545 in 1962 to 730 in 1963.

We were very sorry to lose the services of Dr. H. Edwards, who, besides being a very good anaesthetist, with a sympathy and feeling for children, especially very young ones, was an exceedingly pleasant colleague to work with.

There has been in the past some prejudice against local authority dental services ; prejudice of this sort dies hard, but it is a tribute to the dental staff that in Caernarvonshire this is now almost completely overcome.

Yours faithfully,

D. MCINTYRE."

1. Number of Pupils inspected by the Authority's Dental Officers :		
(a) Periodic age groups		7,429
(b) Specials		753
TOTAL (1)		8,182
2. Number found to require treatment		5,268
3. Number referred for treatment		5,128
4. Number actually treated		4,755
5. Attendances made by pupils for treatment		13,072
6. Half-days devoted to : Inspection		133
Treatment		2,055
TOTAL (6)		2,188
7. Fillings :		
Permanent Teeth		7,678
Temporary Teeth		2,146
TOTAL (7)		9,824
8. Number of Teeth filled : Permanent Teeth		7,202
Temporary Teeth		2,034
TOTAL (8)		9,236
9. Extractions :		
Permanent Teeth		874
Temporary Teeth		2,208
TOTAL (9)		3,082
10. Administration of General Anaesthetics for Extraction ...		730
11. Other Operations :		
Permanent Teeth		4,301
Temporary Teeth		865
TOTAL (11)		5,166
ORTHODONTICS		
Cases commenced during the year		58
Cases carried forward from previous year		21
Cases completed during the year		63
Cases discontinued during the year		12
Pupils treated with Appliances		152
Removable Appliances fitted		128
Fixed Appliances fitted		—
Total Attendances		712
Number of Pupils supplied with Artificial Dentures		31
Appliances adjustments		345
Half-days devoted to Orthodontic Treatment		45
Impressions taken		300

TABLE 18
Routine Dental Inspections

<i>Age</i>	<i>No. of children found to require treatment</i>	<i>No. of children not requiring treatment</i>	<i>Total Inspected</i>
2	—	—	—
3	13	37	50
4	192	169	361
5	408	209	617
6	450	200	650
7	451	172	623
8	461	178	639
9	433	190	623
10	438	266	704
11	379	235	614
12	295	274	569
13	359	283	642
14	281	298	579
15	299	261	560
16	148	198	346
17	69	88	157
18	31	51	82
19	11	11	22
20	2	—	2
TOTAL	4,720	3,120	7,840

MEDICAL AND SURGICAL TREATMENT

Minor Ailments

Health Visitors and District Nurses treated 14 minor ailments during 1963. Attendances for treatment amounted to 19.

Visual Defects

The Ophthalmic Specialists examined 1,080 children during the year. Spectacles were prescribed for 690 children, and another 127 received other forms of treatment.

Ear, Nose and Throat

Of 47 children examined by the Specialist during 1963, 18 were advised to have operative treatment for tonsils and/or adenoids, and 29 were referred for other forms of treatment.

Details of treatment given to children during the year are given in this table :

TABLE 19

<i>Nature of Treatment</i>	<i>Number Treated</i>
Operative Treatment for Adenoids and Chronic Tonsillitis ...	21
Operative Treatment for other Nose and Throat Conditions ...	2
Other Forms of Treatment for Nose and Throat Conditions ...	11
Treatment for Ear Defects	2
TOTAL TREATED	36

SPEECH THERAPY

Mrs. G. Vaughan Robyns, who gave part-time services during 1962, could not serve during the whole of 1963.

Every effort was made by repeated advertising to secure the services of a Speech Therapist during 1963. The acute shortage of qualified therapists, however, enforced the temporary discontinuance of the service during the year.

CHILD GUIDANCE

Dr. E. Simmons, the Consultant Child Psychiatrist, has supplied these details of the children who received attention and treatment during 1963 :

" The year 1963 saw a further considerable increase in the number of referrals to our clinics. These had stood at 374, 379, 384 and 405 during the last four years. The figure rose to 642 during 1963.

This increase appears to have come about as a result partly of a more widely spread awareness of the usefulness of the clinic services, and partly to the growing work of the School Psychological Service. The percentage of children referred primarily because of educational difficulties actually rose from about 40 per cent to 50 per cent of our total intake this year, but we cannot say yet whether this will become a permanent feature.

A request some time ago for an increase in our establishment of Educational Psychologists from two to four seemed to find support in these figures and in the rising demands by Education Authorities for assistance with group surveys, the testing of educationally subnormal children, and those with specific handicaps, the establishment of special courses for teachers, etc. A memorandum was prepared and discussed by the Child Guidance Sub-Committee, and a meeting of members and officers of the five Education Authorities is expected to consider this matter further at a meeting early in 1964, so that a firm recommendation can be made.

Demands on our clinical services remained heavy, but could be met to a large extent because our staffing position was reasonably favourable. We are, nevertheless, few in numbers, and if anyone falls ill or a vacancy arises, the strain on the remaining staff is serious. The figures for new cases seen (588) and for total attendances at clinics only (1,709) give some indication of the volume of work involved, although they do not show the time and effort which goes into school and home visits, case discussions, group meetings, liaison work with other agencies, etc.

At Gwynfa, our Residential Clinic, opened two years ago, we have been able to admit a total of 32 children, 18 of these left before the end of the year to return to their parents or guardians, most of them having shown a satisfactory degree of improvement.

The work of Gwynfa has highlighted the need for similar facilities for the treatment of emotionally disturbed children in the age group 12-16, when the nature and severity of their disturbance and environmental factors preclude successful treatment on an out-patient basis, yet do not

necessitate or justify admission to a psychiatric hospital. The problem, as is the case so often, concerns the local Health, the Education, and the Hospital Authorities. Fortunately there are no problems of communication between the three Authorities in our clinical area, and I believe that this matter also will be dealt with in a spirit of co-operation and a way found to utilise available resources in the most economical way in the interest of the children concerned.

We have appreciated the goodwill and help offered to us by the members of the staffs of the Medical, Educational and Social Services with whom we are in frequent touch, and with whom we hope to work in continued happy and fruitful co-operation during the coming years.

Number of Caernarvonshire Children and Parents interviewed during 1963

Clinic	No. of Individual children seen	ATTENDANCES									
		Psychiatrist				Psychologist				P.S.W.	
		First		Further		First		Further		First	Further
		C.	P.	C.	P.	C.	P.	C.	P.	P.	P.
Bangor	42	25	1	92	2	26	—	65	—	30	104
Colwyn	30	16	—	43	7	17	—	15	—	23	59
Blaenau Ffestiniog	1	—	—	13	—	—	—	—	—	—	12
Children seen else- where	82	—	—	—	—	79	—	35	—	—	—
Parents seen at home	—	—	—	—	—	—	—	—	—	—	23
TOTAL	155	41	1	148	9	122	—	115	—	53	198

Number of Children and Parents from other Counties seen at Caernarvonshire Clinics

BANGOR CLINIC											
Anglesey	18	9	—	59	1	9	—	12	—	11	48
TOTAL	18	9	—	59	1	9	—	12	—	11	48

C—Child

P—Parents or Guardians

Number of Visits during 1963

Psychiatric Social Workers		Psychologists	
Home Visits	Visits to other Social Workers	School Visits	Visits to other Social Workers
23	2	56	5

Number of Caernarvonshire Referrals received during 1963

<i>Name of Referring Agency</i>	<i>Number of Referrals</i>
School Medical Officer... ..	98
General Practitioners	20
Consultant Paediatricians	8
Other Medical Specialists	5
Courts and Probation Officers	3
Other Social Workers	3
Parents	2
Children's Officers	—
Head Teachers	2
TOTAL	141
Waiting list on 31/12/63 :	4

Classification of the Children referred to the Consultant Child Psychiatrist and to the Educational Psychologist

<i>Classification</i>	<i>Number</i>
Nervous Disorders	5
Habit Disorders and Physical Symptoms	1
Behaviour Disorders	9
Educational Difficulties	81
Referred for full investigation by Educational Psychologist	2
TOTAL	98

ORTHOPTIC TREATMENT

Orthoptic treatment, suspended in 1962 because of failure to secure the services of an Orthoptist, was resumed in February 1963 by Mrs. S. M. Guppy, D.B.O.

These details of children treated by her have been provided by Mrs. Guppy :

TABLE 20

<i>Clinic</i>	<i>No. of Patients attending at beginning of the year</i>	<i>No. of new Patients seen during the year</i>
Bangor	50	52
Caernarvon	48	50
Llandudno	49	62
Pwllheli	27	36
Number of new and old Patients occluded ... ..	...	107
Number of new and old Patients given Orthoptic Treatment ... ..	...	73
Number of Operations performed ... ..	...	37
Number of Patients discharged :		
(a) Satisfactory ... ..	...	10
(b) Cosmetically satisfactory ... ..	...	30
(c) Failed to attend ... ..	...	11
(d) Transferred ... ..	...	5

Both parents and children have been most co-operative in carrying out the treatment prescribed.

Early diagnosis and treatment is most important for cases of strabismus, and I should like to thank the Medical Officers and Health Visitors for their prompt referrals of patients. I should also like to thank the clerical staff for their assistance in my work.

S. M. GUPPY (Orthoptist).

ORTHOPAEDIC TREATMENT

The Orthopaedic Specialist examined 114 children for the first time at Survey Clinics held in Llandudno, Bangor, Caernarvon and Pwllheli during 1963. A further 282 children already on the treatment register were also seen at these clinics.

The Physiotherapist has provided this report on the work performed during 1963 :

"To the Principal School Medical Officer,

Mr. G. I. Roberts, Consultant Orthopaedic Surgeon, attended the Survey Clinics held throughout the county at each centre.

The attendance was very good, and all advice given by Mr. G. I. Roberts was carried out by the parents.

Mr. C. Southgate, the representative of Pryor and Howard, Surgical Appliance Manufacturers of Mitcham, also attended, and was very helpful with advice and in seeing that we receive the appliances ordered as soon as possible—this is very important in the case of growing children.

Several cases were referred to be seen by other specialists, at the Agnes Hunt Hospital, Gobowen, for their opinion. Some cases were admitted for surgical treatment ; others were referred to the Paediatrician at Bangor and the Skin Specialist.

I was fortunate in being able to visit the Limb Fitting Centre, Mill Road Hospital, Liverpool, with Dr. M. Slater to see how they re-educated the Thalidomide cases. Through this visit I was able to carry out treatment on one Thalidomide child in the area. He has now been admitted to the Agnes Hunt Hospital.

The co-operation of the X-ray departments and Ambulance Service throughout the county has been most satisfying.

The number of children referred for Ultra-Violet Light was not great, but those referred attended well and derived great benefit from the treatment.

Once again I wish to thank you and the School Medical Officers, Health Visitors, X-ray Departments and Ambulance Control and the clerical staff for their help and so making the Orthopaedic After-Care Service smooth running.

Yours faithfully,

M. FISHER WILLIAMS, M.C.S.P."

A summary of the treatment performed at these clinics during 1963 is given in these tables :

TABLE 21
Survey Clinics

Place held	No. of Sessions	Number Examined		Treatment Recommended					No. Discharged	Referred to School Med'l Officers	X-Rays
		New Cases	Old Cases	Hospital	Applications	Massage and S.R.E.	Observation	Other Treatment			
Llandudno ...	6	25	69	4	41	17	20	—	12	—	1
Pwllheli ...	6	27	80	3	36	23	31	1	8	1	4
Bangor ...	6	27	70	6	36	15	30	4	3	—	2
Caernarvon...	6	35	63	3	35	16	23	4	10	3	4
TOTALS ...	24	114	282	16	148	71	104	9	33	4	11

TABLE 22
Hospital Treatment

No. of Children on Waiting List at the Beginning of the Year ...	1
No. of Children Advised Hospital Treatment during the Year ...	15
No. of Children Admitted to Hospital during the Year ...	15
No. of Children Discharged from Hospital during the Year ...	15
No. of Children whose Parents Refused Hospital Treatment ...	—
No. of Children on Waiting List at the end of the Year ...	1
Left County before admission ...	—

TABLE 23
Conditions Treated

Conditions Treated	Number
Left torticollis. Division of left sterno-mastoid ...	1
Removal of bony ridges dorsum of each great toe ...	1
Tenotomy of extensors and tenotomy of Plantar Fascia ...	1
Sarcoma lower end of femur (transferred to Aldey Hey) ...	1
Wedge tarsectomy and open lengthening of tendo-achilles...	1
Medial release and lengthening of tendo-achilles both sides ...	2
Removal of external cartilage, left knee ...	1
Incision of flexor sheath of each thumb ...	1
Open lengthening of tendo-achilles ...	1
Incision of trigger thumb ...	1
Bilateral wedge operation of the second great toe ...	1
Removal of exostoses, both heels ...	1
Syndactyly of toe ...	1
Severe knock-knee deformity ...	1
TOTAL ...	15

TABLE 24
After-Care Clinics

<i>Place Held</i>	<i>No. of Sessions Held</i>	<i>Individual Cases who Attended</i>	<i>Total Attendances</i>
Llandudno	38	20	216
Bangor	37	20	278
Caernarvon	41	25	318
Portmadoc	39	17	208
Pwllheli	27	21	181
TOTALS	182	103	1,201

TABLE 25
Ultra Violet Ray Clinics

<i>Place Held</i>	<i>No. of Sessions Held</i>	<i>Individual Cases who Attended</i>	<i>Total Attendances</i>
Llandudno	45	19	188
Bangor	41	3	39
Caernarvon	49	13	99
Pwllheli	27	3	18
Portmadoc	39	2	12
TOTALS	201	40	356

INCIDENCE OF INFECTIOUS DISEASES AMONGST CHILDREN BELOW SCHOOL LEAVING AGE

Poliomyelitis

No Caernarvonshire children were notified.

Immunisation against Poliomyelitis

Immunisation with oral vaccine continued during 1963. By the end of the year 12,933 doses of this vaccine had been given, either as primary courses or reinforcing doses to 6,837 children born between 1944 and 1963. This vaccine was administered on a lump of sugar or in syrup (B.P.).

By December 1963, 79.0 per cent of the children born in these years had been given the full protective course of three injections or three doses of oral vaccine. A total of 96,822 injections and oral doses had been given to children below school leaving age since the commencement of the scheme.

Notification of Infectious Diseases

Details of Notifications of Infectious Diseases among children below school leaving age are given below :

TABLE 26

<i>Disease</i>	<i>Number Notified</i>
Scarlet Fever	13
Whooping Cough	10
Measles	424
Dysentery and Food Poisoning	45
Chickenpox	31

Diphtheria Immunisation (see also reference below to Whooping Cough and Tetanus)

The effectiveness of immunisation in controlling Diphtheria is demonstrated in Table 28 on page 37. It is particularly interesting to observe that 1963 was the twelfth successive year during which no child cases were notified.

These encouraging facts could, however, create a false sense of security. Some of our younger parents, because they have no experience of Diphtheria and its dangers, tend to regard immunisation as an unnecessary discomfort to their children. It cannot be too often emphasised that the disease will again become a "killer" and a "maimer" unless parents ensure that their children are immunised against it. The Medical, Health Visiting and Nursing staffs continue to impress upon all parents the importance of securing for their children free protection against Diphtheria. They emphasise the suffering and danger to which the children may be exposed by their failure to secure this simple means of protection—a first class insurance. I am grateful for the assistance and support also given by General Practitioners in the county.

It is interesting to record that more than 52,400 children have been protected, and approximately 270,400 initial and "boosting" injections given by the Council's staff since 1939.

Children who completed the full course of immunisation during 1963 total 1,261. School Medical Officers immunised 790 of these, and General Practitioners immunised 471. Of the 1,261 children who completed the full course of immunisation, 1,072 received a combined antigen giving protection against diphtheria, whooping cough and tetanus.

During the year 482 other children received reinforcing injections.

Details of children immunised are given in Table 27.

TABLE 27

	CHILDREN BORN IN YEARS							<i>Total</i>
	1963	1962	1961	1960	1959	1954-1958	1949-1953	
Number of children who completed a full course of Primary Immunisation in 1962	270	738	179	27	19	24	4	1,261
Number of children who received a reinforcing injection during 1962	—	—	15	—	2	257	208	482

DIPHTHERIA—INCIDENCE AND MORTALITY
(ADULTS AND CHILDREN)

Rates per 100,000 Population

TABLE 28

<i>Year</i>	INCIDENCE		MORTALITY	
	<i>Cases Notified</i>	<i>Attack Rate</i>	<i>Deaths</i>	<i>Death Rate</i>
1913	175	140	19	15
1914	227	182	16	13
1915	171	147	13	11
1916	164	146	30	27
1917	76	73	12	11
1918	55	53	6	6
1919	82	73	7	6
1920	124	107	11	9
1921	287	235	23	19
1922	223	183	16	13
1923	102	85	2	2
1924	58	48	1	1
1925	67	56	4	3
1926	41	34	1	1
1927	57	47	4	3
1928	81	65	12	9
1929	142	115	9	7
1930	96	79	5	4
1931	93	78	7	5
1932	133	111	6	5
1933	110	92	4	3
1934	61	51	3	2
1935	97	81	3	2
1936	124	103	6	5
1937	330	277	9	7
1938	260	211	6	5
1939	202	169	8	7
1940	175	137	10	8
1941	204	143	10	6
1942	242	176	8	7
1943	159	120	3	2
1944	85	67	3	2
1945	91	74	3	3
1946	19	15	1	1
1947	19	15	—	—
1948	18	14	—	—
1949	2	1.6	—	—
1950	1	0.8	1 (adult)	0.8
1951	2	1.6	—	—
1952	—	—	—	—
1953	—	—	—	—
1954	—	—	—	—
1955	—	—	—	—
1956	—	—	—	—
1957	1 (adult)	0.82	—	—
1958	—	—	—	—
1959	—	—	—	—
1960	—	—	—	—
1961	—	—	—	—
1962	—	—	—	—
1963	—	—	—	—

NITS AND LICE

Inspections made by School Nurses during 1963 totalled 41,490. Nits and/or lice were found on 121 children (0.7 per cent of the school population). Of these, 11 children were infested in 1962, and 110 were found to be infested for the first time during the year. Three children were found to be extensively infested, 32 moderately infested, and the remainder only very slightly infested. Cleansing notices served during the year numbered 188.

The condition of most of the 188 children for whom cleansing notices were served was due to lack of perseverance on the part of the parents. Many of them fail to understand the necessity for continuing treatment after removing the original infestation until all the nits have been destroyed. It is gratifying, however, to see that the continued perseverance necessary to maintain children in a clean condition is having a positive effect. The number of children found to be infested has been gradually reduced from 1,039 (5.7 per cent of the school population) in 1950 to 121 (0.7 per cent of the school population) in 1963. Some adults who neglect their own hair convey lice to their children. A preparation for lice, which is also a killer of nits, is now being used.

It is now rare to observe flea infestation of children.

MILK AND SCHOOL MEALS

The County Health Officer, who is responsible for the supervision of the standard, quality and safety of milk supplied to schools, has submitted this report for the period 1st January to 31st December 1963 :

“ Dear Sir,

School Meals

Approximately 13,300 meals were provided daily from 128 school kitchens and served at 152 schools. There is only one school which is not provided with meals in the county.

During the year 123 inspections have been made of school kitchens. A high standard of hygiene was maintained at the kitchens, and credit is due to the School Meals Organiser and her staff for their supervision.

One outbreak of food poisoning occurred at a Grammar School, involving 214 children and 12 adults. The cause of the outbreak was not ascertained, though several different types of organisms which could have caused an illness were isolated from children and staff. The food suspected was cooked tongue. Fortunately, the illness incurred was of a mild nature, involving very little absenteeism from the children.

Investigations were also made in the Conway, Llandudno Junction and Deganwy areas, following an outbreak of sonnei dysentery among school children. To allay any suspicion that any of the school kitchen staff were carriers of the infection, faecal samples were taken from all the kitchen staffs employed at the schools in these areas. None of the school kitchen staff were found to be carriers.

During the year several kitchens have been modernised, and a further two prefabricated kitchens which were badly affected with condensation were completely re-modernised. The walls and the ceilings were covered with spray limpet asbestos to give insulation and prevent condensation ; also mechanical ventilation was installed. There are several more kitchens affected with condensation, and it is anticipated that several more of the cold, prefabricated kitchens will be modernised in this way. Two new kitchens have been constructed, and seven kitchens have been modernised under minor projects.

The standard of food, which includes meat and milk, has been of good quality, and the cooking is of a good standard.

Twenty-four inspections were made to food premises supplying schools. Premises not complying with the standards of the Food Hygiene Regulations 1960 were referred to the Public Health Inspectors of the districts, though in the majority of cases, on verbal request contraventions were remedied.

Milk Supplied to Schools

There were 153 schools in the county at the end of the year, and the average number of children who are supplied with milk in one-third pint bottles is approximately 14,700. All the schools are supplied with either " Tuberculin Tested Pasteurised " or " Pasteurised " milk.

TABLE 29

Grade of Milk	NUMBER OF SCHOOLS SUPPLIED										
	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Tuberculin Tested (not pasteurised)	4	2	2	2	1	1	1	1	—	—	—
Undesignated (not pasteurised)	3	2	2	2	1	1	—	—	—	—	—
T.T. Pasteurised	8	8	8	8	8	8	8	8	8	8	8
Pasteurised	153	155	155	148	150	150	150	150	153	145	145

Bacteriological Examination of School Milk

Eighty-one milk samples were taken from schools during the year. Six samples failed the keeping quality test. Five of the samples were from the same creamery. One sample failed the phosphatase test, which indicates inadequate pasteurisation. Through the year school milk supplies have been of a good bacteriological standard, and no complaint was received that any of the milk had soured.

One hundred and twelve visits were made to the pasteurising plants during the year. Particular attention is given to the pasteurisation and bottling of the school milk. Several bottle washings and water samples were taken.

TABLE 30

<i>Grade of Milk</i>	<i>Methylene Blue Test</i>			<i>Phosphatase Test</i>		
	<i>Number Taken</i>	<i>Number Satisfactory</i>	<i>Number Unsatisfactory</i>	<i>Number Taken</i>	<i>Number Satisfactory</i>	<i>Number Unsatisfactory</i>
Pasteurised... ..	77	71	6	77	76	1
T.T. Pasteurised ...	4	4	—	4	4	—
TOTALS ...	81	75	6	81	80	1

ANEURIN JONES, County Health Officer."

MEDICAL EXAMINATION OF INTENDING TEACHERS

In addition to their normal duties, School Medical Officers have to medically examine applicants for admission to Training Colleges as intending teachers.

The number of such candidates examined was 212.

MINISTRY OF EDUCATION—MEDICAL INSPECTION RETURNS
For the Year Ended 31st December, 1963
Periodic Medical Inspections

<i>Age Groups Inspected (By year of birth)</i>	<i>Number of Pupils Inspected</i>	<i>Physical Condition of Pupils Inspected</i>				<i>Pupils found to require treatment (excluding dental diseases and infestation with vermin)</i>			
		<i>Satisfactory</i>		<i>Unsatisfactory</i>		<i>For Defective Vision (excluding Squint)</i>	<i>For any of the other Conditions recorded in Part II</i>	<i>Total Individual Pupils</i>	
		<i>Number</i>	<i>% of Col. 2</i>	<i>Number</i>	<i>% of Col. 2</i>				
1	2	3	4	5	6	7	8	9	
1959 and later	310	310	100	—	—	2	9	10	
1958	986	986	100	—	—	6	29	32	
1957	976	975	99.89	1	0.10	9	24	27	
1956	147	147	100	—	—	4	7	10	
1955	71	71	100	—	—	1	2	3	
1954	42	42	100	—	—	3	—	3	
1953	672	672	100	—	—	28	11	38	
1952	792	792	100	—	—	46	18	59	
1951	89	89	100	—	—	3	1	4	
1950	22	22	100	—	—	2	—	2	
1949	1,103	1,103	100	—	—	74	22	88	
1948 and earlier	281	281	100	—	—	8	4	10	
TOTAL	5,491	5,490	99.98	1	0.01	186	127	286	

Other Inspections

Number of Special Inspections	...	...	...	...	...	520
Number of Re-Inspections	...	...	...	...	...	3,832
TOTAL	...	...	...	...	...	4,352

Infestation with Vermin

(a) Total number of individual examinations of pupils in schools by School Nurses or other authorised persons	...	...	41,490
(b) Total number of individual pupils found to be infested	...	...	121
(c) Number of individual pupils in respect of whom cleansing notices were issued	...	...	188
(d) Number of individual pupils in respect of whom cleansing orders were issued	...	...	10

Return of Defects found by Medical Inspection in the Year ended
31st December, 1963

Defect Code Number	Defect or Disease	Periodic Inspections							
		Entrants		Leavers		Others		Total	
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
4	Skin	—	14	2	37	5	43	7	94
5	Eyes :								
	(a) Vision	14	45	79	155	93	167	186	367
	(b) Squint	22	42	8	34	18	68	48	144
	(c) Other	1	5	—	6	—	10	1	21
6	Ears :								
	(a) Hearing	3	36	3	14	2	38	8	88
	(b) Otitis Media	1	15	—	7	—	26	1	48
	(c) Other	—	1	—	—	—	—	—	1
7	Nose and Throat	10	148	2	53	2	179	14	380
8	Speech	—	21	1	4	2	25	3	50
9	Lymphatic Glands	—	25	—	23	—	31	—	79
10	Heart	1	6	—	9	—	25	1	40
11	Lungs	1	33	—	26	—	46	1	105
12	Developmental :								
	(a) Hernia	2	1	—	1	—	1	2	3
	(b) Other	—	16	1	2	2	33	3	51
13	Orthopædic :								
	(a) Posture	—	4	1	1	1	12	2	17
	(b) Feet	3	50	6	12	15	40	24	102
	(c) Other	1	25	1	25	2	31	4	81
14	Nervous System :								
	(a) Epilepsy	—	8	1	8	3	19	4	35
	(b) Other	—	5	—	2	1	9	1	16
15	Psychological :								
	(a) Development	—	15	—	9	1	24	1	48
	(b) Stability	1	6	—	6	—	20	1	32
16	Abdomen	—	4	—	6	—	8	—	18
17	Other	1	9	—	11	—	21	1	41

T : Treatment O : Observation

Special Inspections

Defect Code No.	Defect or Disease	Special Inspections	
		Pupils	
		Requiring treatment	Requiring observation
4	Skin	—	—
5	Eyes : (a) Vision	3	1
	(b) Squint	1	1
	(c) Other	—	—
6	Ears : (a) Hearing	—	—
	(b) Otitis Media	—	—
	(c) Other	—	—
7	Nose and Throat	2	1
8	Speech	1	1
9	Lymphatic Glands	—	—
10	Heart	1	1
11	Lungs	1	1
12	Developmental : (a) Hernia	—	—
	(b) Other	—	—
13	Orthopaedic : (a) Posture	—	—
	(b) Feet	4	3
	(c) Other	—	—
14	Nervous System : (a) Epilepsy	—	—
	(b) Other	—	—
15	Psychological : (a) Development	—	—
	(b) Stability	—	—
16	Abdomen	—	—
17	Other	6	5

Eye Diseases, Defective Vision and Squint

	Number of Cases known to have been dealt with
External and other, excluding errors of refraction and squint	127
Errors of refraction (including squint)	953
TOTAL	1,080
Number of pupils for whom spectacles were prescribed	690

Diseases and Defects of Ear, Nose and Throat

	<i>Number of Cases known to have been treated</i>
Received operative treatment :	
(a) for diseases of the ear	2
(b) for adenoids and chronic tonsillitis	21
(c) for other nose and throat conditions	2
Received other forms of treatment	11
TOTAL	36
Total number of pupils in schools who are known to have been provided with hearing aids :	
(a) in 1963	13
(b) in previous years	19

Orthopaedic and Postural Defects

	<i>Number of Cases known to have been treated</i>
(a) Pupils treated at clinics or out-patient departments	100
(b) Pupils treated at school for postural defects ...	—
TOTAL	100

Diseases of the Skin

	<i>Number of Cases known to have been treated</i>
Ringworm : (i) Scalp	—
(ii) Body	—
Scabies	—
Impetigo	—
Other skin diseases	12
TOTAL	12

Child Guidance Treatment

	<i>Number of Cases known to have been treated</i>
Pupils treated at Child Guidance Clinics	28

Speech Therapy

	<i>Number of Cases known to have been treated</i>
Pupils treated by speech therapists	1

Other Treatment Given

	<i>Number of Cases known to have been treated</i>
(a) Pupils with minor ailments	14
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	1,217
(d) Other than (a), (b) and (c) above. Please specify : Ultra Violet Light	40
TOTAL (a) to (d)	1,271

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(a) DENTAL AND ORTHODONTIC WORK							
I. Number of pupils inspected by the Authority's Dental Officers :							
(i) At Periodic Inspection				7,429	} Total I	8,182	
(ii) As Specials				753			
II. Number found to require treatment							5,268
III. Number offered treatment							5,128
IV. Number actually treated							4,755
(b) DENTAL WORK (OTHER THAN ORTHODONTICS)							
I. Number of attendances made by pupils for treatment, excluding those recorded at (e) I below							13,072
II. Half-days devoted to :							
(i) Periodic (School) Inspection... ..				133	} Total II	2,188	
(ii) Treatment				2,055			
III. Fillings :							
(i) Permanent Teeth				7,678	} Total III	9,824	
(ii) Temporary Teeth				2,146			
IV. Number of Teeth Filled :							
(i) Permanent Teeth				7,202	} Total IV	9,236	
(ii) Temporary Teeth				2,034			
V. Extractions :							
(i) Permanent Teeth				874	} Total V	3,082	
(ii) Temporary Teeth				2,208			
VI. (i) Number of General Anæsthetics given for extraction							730
(ii) Number of half-days devoted to the administration of General Anæsthetics by :							
(a) Dentists... ..				Nil	} Total VI	91	
(b) Medical Practitioners				91			
VII. Number of pupils supplied with artificial teeth							31
VIII. Other operations :							
(i) Crowns				19	} Total VIII	5,166	
(ii) Inlays				2			
(iii) Other treatment				5,145			
(c) ORTHODONTICS							
I. Number of attendances made by pupils for Orthodontic treatment							712
II. Half-days devoted to Orthodontic treatment							45
III. Cases commenced during the year							58
IV. Cases brought forward from the previous year							21
V. Cases completed during the year							63
VI. Cases discontinued during the year							12
VII. Number of pupils treated by means of appliances							152
VIII. Number of removable appliances fitted							128
IX. Number of fixed appliances fitted							—
X. Cases referred to and treated by Hospital Orthodontists							30
XI. Appliances adjusted							345
XII. Impressions taken							300

**HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL
SCHOOLS APPROVED UNDER SECTION 9 (5) OF THE EDUCATION
ACT, 1944 or BOARDING IN BOARDING HOMES**

<i>During the calendar year ended 31st December, 1963</i>		1. <i>Blind</i> 2. <i>Partially Sighted</i> (1) (2)	3. <i>Deaf</i> 4. <i>Partial Hearing</i> (3) (4)	5. <i>Physically Handicapped</i> 6. <i>Delicate</i> (5) (6)	7. <i>Maladjusted</i> 8. <i>E.S.N.</i> (7) (8)	9. <i>Epileptic</i> 10. <i>Speech Defects</i> (9) (10)	Total Cols. 1-10 (11)
A.	How many handicapped pupils were newly assessed as needing special educational treatment at special schools or in boarding homes ?	—	1	5	3	2	26
B.	(i) Of the children included at A, how many were newly placed in special schools (other than hospital special schools) or boarding homes ?	—	1	3	3	1	15
	(ii) Of the children assessed prior to 1st January, 1963, how many were newly placed in special schools (other than hospital special schools) or boarding homes ?	—	2	—	—	1	6
TOTAL : B (i) and B (ii)		—	3	3	3	2	21

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